Calendar No. 996

99TH CONGRESS
2D SESSION

S. 1620

[Report No. 99–489]

To amend title XVIII of the Social Security Act to establish the National Council on Access to Health Care, and for other purposes.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 10 (legislative day, SEPTEMBER 9), 1985

Mr. DURENBERGER (for himself and Mr. SIMON) introduced the following bill; which was read twice and referred to the Committee on Governmental Affairs

SEPTEMBER 25 (legislative day, SEPTEMBER 15), 1986

Reported by Mr. ROTH, with an amendment and an amendment to the title

[Strike out all after the enacting clause and insert the part printed in italic]

A BILL

To amend title XVIII of the Social Security Act to establish the National Council on Access to Health Care, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

~~SHORT TITLE~~

~~SECTION 1. This Act may be cited as the "National Council on Access to Health Care Act".~~

FINDINGS

SEC. 2. The Congress finds that—

(1) society has a special obligation to assure that all individuals have equitable access to health care services;

(2) significant changes are taking place in the financing and delivery of health care services;

(3) numerous Federal, State, and private entities have studied and are studying the problems attendant to such changes;

(4) many public and private decisions regarding the organization, financing, and delivery of health care are made in the context of grave budgetary constraints without giving full attention to their long-range implications with respect to access and quality;

(5) in order to avoid serious adverse consequences of such ad hoc decisionmaking, there is a compelling need to develop a cohesive, coordinated policy to address the challenges presented by a rapidly changing system; and

(6) achieving an equitable health care system requires at a minimum—

(A) recognition that society's ethical obligation to ensure equitable access to health care for

Public Laws: 99th Congress / 2nd Session / 1986

all is best met through a combination of public and private sector arrangements;

(B) recognition that efforts to contain rising health care costs are necessary but should not impinge on equitable access to health care services;

(C) recognition of the need for sufficiently comprehensive health care services to prevent disease and maintain or enhance good health, and to treat disease, injury, and disability;

(D) recognition of teaching, research, information dissemination, and public health care functions as being integral parts of the health care delivery system;

(E) a pluralistic approach which recognizes individual and institutional integrity and the adherence to ethical and religious beliefs;

(F) elimination of factors which may limit access to health care services or the quality of such services;

(G) broad community grassroots, State, and national participation in health care policy issues; and

(H) recognition that the public and private sectors have a mutual responsibility to develop

CMS Library
C2-07-13
7500 Security Blvd.
Baltimore, Maryland 21244

and implement a national policy to assure access to health care services.

CREATION OF COUNCIL

SEC. 3. Title XVIII of the Social Security Act is amended by adding at the end thereof the following new section:

"NATIONAL COUNCIL ON ACCESS TO HEALTH CARE

"SEC. 1890. (a) ESTABLISHMENT OF COUNCIL.—

"(1) MEMBERSHIP.—(A) There is established the National Council on Access to Health Care (hereinafter referred in this section as the 'Council') which shall be composed of 15 members. The President, the Speaker of the House of Representatives, and the President pro tempore of the Senate shall each appoint 5 members, as follows:

"(i) three members who are distinguished in their representation of one or more of the following fields or constituencies: the elderly and other health care consumers, medical ethics, health insurance, labor, business, law, and the social sciences;

"(ii) one member who is distinguished in the practice of medicine or direct patient care; and

"(iii) one member who is distinguished in health care administration or health care financial management.

The President, the Speaker of the House of Representatives, and the President pro tempore of the Senate shall consult with one another prior to making appointments in order that as many as is practicable of the fields listed in clause (i) may be represented.

"(B) The Secretary of Health and Human Services, the Secretary of Defense, the Secretary of Agriculture, the Director of the Office of Science and Technology Policy, the Administrator of Veterans' Affairs, and the Director of the National Science Foundation shall each designate an individual to provide liaison with the Council. Other Federal agencies may also designate individuals for such purpose.

"(C) A vacancy in the Council shall be filled by the official who made the original appointment, or his successor.

"(2) TERMS.—Members shall be appointed for the life of the Council.

"(3) CHAIRMAN.—The Chairman of the Council shall be appointed by the President, by and with the advice and consent of the Senate, from among the members of the Council.

"(4) MEETINGS.—Nine members of the Council shall constitute a quorum for business, but a lesser number may conduct hearings. The Council shall meet

at the call of the Chairman or at the call of a majority of its members.

"(5) COMPENSATION.—(A) Members of the Council shall each be entitled to receive the daily equivalent of the annual rate of basic pay in effect for grade GS–18 of the General Schedule for each day (including traveltime) during which they are engaged in the actual performance of the duties of the Council.

"(B) While away from their homes or regular places of business in the performance of services for the Council, members of the Council shall be allowed travel expenses, including per diem in lieu of subsistence, in the same manner as persons employed intermittently in the Government service are allowed expenses under section 5703 of title 5 of the United States Code.

"(b) DUTIES OF THE COUNCIL.—

"(1) STUDIES.—(A) The Council shall undertake advisability studies of the—

"(i) development of a national health care policy to address the issues of access and quality;

"(ii) mechanisms for assigning priorities to the use of public health care resources;

"(iii) ethical and legal bases for such a policy and such priorities;

"(iv) demographic, economic, societal, cultural, and aging trends of the United States population and the effects of such trends on the Nation's health needs and health care system;

"(v) differences, if any, in the quality and availability of health care services for various economic and geographic segments of the population;

"(vi) current procedures and mechanisms designed to ensure the quality and availability of health care services to all individuals;

"(vii) capital and operating costs of health care services;

"(viii) efficient and effective use of existing health care resources;

"(ix) appropriate numbers of health care personnel in the various professions and in various geographic regions;

"(x) mechanisms for integrating alternative health care services with traditional acute and long-term care facilities and services;

"(xi) proper role of Federal and State governments and others in the financing, delivering, supervising, and planning of health services; and

"(xii) appropriateness of any other matter which relates to the development or implementa-

tion of a national health care policy and which is consistent with the purpose of this Act.

"(B) The Council shall determine the priority and order of the studies required under subparagraph (A). In undertaking the studies, the Council shall coordinate locally sponsored and funded grassroots miniconferences to be held in such numbers and at such locations throughout the country as it shall deem advisable to solicit advice, comments, suggestions, and recommendations from interested individuals, organizations, and the general public. Subsequently, the Council, either as a whole or divided into as many hearing committees as it may so choose, shall convene and conduct a series of hearings in at least the 10 Federal regions of the country for the purpose of receiving the public testimony and reports from the grassroots miniconferences. The Council shall determine how such meetings shall be organized and what criteria shall be established to determine participants in the grassroots miniconferences and hearings. At the conclusion of these public forums, the Council shall publish the recommendations heard and shall give serious consideration to them in its final policy recommendations.

"(C) In order to avoid duplication of effort, the Council shall, in lieu of or as part of any study or in-

vestigation conducted under subparagraph (A), use a study or investigation conducted by another entity if the Council sets forth its reasons for such use.

"(D) Studies and investigations under this paragraph shall be coordinated by the National Academy of Sciences under contract with the Council.

"(2) REPORTS TO CONGRESS AND THE PRESIDENT.—Upon the completion of each investigation or study undertaken or utilized by the Council under this subsection, the Council shall report its findings including any recommendations for legislation or administrative action to the President and the Congress.

"(3) ANNUAL REPORTS.—Annually on the anniversary of the date of the enactment of this section, the Council shall report to the President and the Congress the results of its efforts undertaken prior to such date. The third such report shall constitute the final report of the Council and shall include its final recommendations.

"(4) PUBLICATION.—The Council shall publish and disseminate to the public information with respect to its activities.

"(c) ADMINISTRATIVE PROVISIONS.—

"(1) HEARINGS.—The Council may, for the purpose of carrying out this section, hold such hearings,

sit and act at such times and places, take such testimony, and receive such evidence, as the Council may deem advisable.

"(2) PERSONNEL.—(A) The Council may appoint and fix the pay of such staff personnel as it deems desirable. Such personnel shall be appointed subject to the provisions of title 5, United States Code, governing appointments in the competitive service, and shall be paid in accordance with the provisions of chapter 51 and subchapter III of chapter 53 of such title relating to classification and General Schedule pay rates.

"(B) The Council may procure temporary and intermittent services to the same extent as is authorized by section 3109(b) of title 5, United States Code, but at rates for individuals not to exceed the daily equivalent of the annual rate of basic pay in effect for grade GS–18 of the General Schedule.

"(C) Upon request of the Council, the head of any Federal agency is authorized to detail, on a reimbursable basis, any of the personnel of such agency to the Council to assist it in carrying out its duties under this section.

"(3) CONTRACTS.—The Council, in performing its duties and functions under this section, may enter into contracts with appropriate public or private entities.

The authority of the Council to enter into such contracts is effective for any fiscal year only to such extent or in such amounts as are provided in advance in appropriation Acts.

"(4) INFORMATION.—(A) The Council may secure directly from any Federal agency information necessary to enable the Council to carry out this section. Upon request of the Chairman of the Council, the head of such agency shall furnish such information to the Council.

"(B) The Council shall promptly arrange for such security clearances for its members and appropriate staff as are necessary to obtain access to classified information needed to carry out its duties under this section.

"(C) The Council shall not disclose any information reported to or otherwise obtained by the Council which is exempt from disclosure under section 552 of title 5, United States Code, by reason of paragraph (4) or (6) of subsection (b) of such section.

"(5) SUPPORT SERVICES.—The Administrator of General Services shall provide to the Council on a reimbursable basis such administrative support services as the Council may request.

~~"(6) DEFINITION.—For purposes of this subsection, the term 'Federal agency' means an authority of the Government of the United States but does not include the Congress, the courts of the United States, the government of the Commonwealth of Puerto Rico, the government of the District of Columbia, or the government of any territory or possession of the United States.~~

~~"(d) AUTHORIZATION OF APPROPRIATIONS.—To carry out the provisions of this section, there are authorized to be appropriated $3,000,000 for each of the fiscal years 1986, 1987, and 1988.~~

~~"(e) TERMINATION.—The Council shall be subject to the Federal Advisory Committee Act; except that, under section 14(a)(1)(B) thereof, the Council shall terminate on September 30, 1988.".~~

~~APPOINTMENT OF MEMBERS OF COUNCIL~~

~~SEC. 4. The President, the Speaker of the House of Representatives, and the President pro tempore of the Senate shall initially appoint members to the National Council on Access to Health Care not later than 60 days after the date of the enactment of this Act.~~

SECTION 1. SHORT TITLE.

This Act may be cited as the "National Council on Access to Health Care Act".

SEC. 2. FINDINGS.

The Congress finds that—

(1) society has an obligation to assure that all individuals have equitable access to health care services;

(2) significant reform is taking place in the financing and delivery of health care services;

(3) numerous Federal, State, and private entities have recognized the advantages of current reform in the health care system;

(4) many public decisions regarding the financing of health care are being made in the context of grave budgetary constraints and may have long-range implications for access to, and quality of, health care services; and

(5) in order to avoid serious adverse consequences of the problems attendant to health care system reform and the constrained budgetary environment, there is a compelling need to develop governmental policies at the Federal, State, and local level to address the challanges presented by a rapidly changing health care system.

SEC. 3. NATIONAL COUNCIL ON ACCESS TO HEALTH CARE.

(a) ESTABLISHMENT OF COUNCIL.—

(1) MEMBERSHIP.—

(A) There is established the National Council on Access to Health Care (in this section re-

ferred to as the "Council") which shall be composed of fifteen members as follows:

(i) nine members who are distinguished in their representation of one or more of the following fields or constituencies: the elderly and other health care consumers, medical ethics, health insurance, labor, business, law, and the social sciences;

(ii) three members who are distinguished in the practice of medicine or direct patient care; and

(iii) three members who are distinguished in health care administration or health care financial management.

(B) The members of the Council shall be appointed by a joint congressional panel on access to health care, which shall be composed of six members of the Senate, appointed by the President pro tempore of the Senate (upon the recommendation of the Majority Leader and the Minority Leader of the Senate), and six members appointed by the Speaker of the House of Representatives (upon the recommendation of the Majority Leader and the Minority Leader of the House of Representa-

tives). A vacancy on the panel shall be filled in the same manner as the original appointment.

(C) The Secretary of Health and Human Services, the Secretary of Defense, the Secretary of Agriculture, the Director of the Office of Science and Technology Policy, the Administrator of Veterans' Affairs, and the Director of the National Science Foundation shall each designate an individual to provide liaison with the Council. Other Federal agencies may also designate individuals for such purpose.

(D) A vacancy on the Council shall be filled in the same manner as the original appointment.

(2) TERMS.—Members shall be appointed for the life of the Council.

(3) CHAIRMAN.—The Council shall elect a Chairman from among its members.

(4) MEETINGS.—Nine members of the Council shall constitute a quorum for business, but a lesser number may conduct hearings. The Council shall meet at the call of the Chairman or at the call of a majority of its members.

(5) COMPENSATION.—

(A) Members of the Council shall each be entitled to receive the daily equivalent of the annual

rate of basic pay in effect for grade GS–18 of the General Schedule for each day (including travel-time) during which they are engaged in the actual performance of the duties of the Council.

(B) While away from their homes or regular places of business in the performance of services for the Council, members of the Council shall be allowed travel expenses, including per diem in lieu of subsistence, in the same manner as persons employed intermittently in the Government service are allowed expenses under section 5703 of title 5 of the United States Code.

(b) DUTIES OF THE COUNCIL.—

(1) STUDIES.—

(A) The Council shall undertake advisability studies of the—

(i) development of a national health care policy to address the issues of access and quality;

(ii) mechanisms for assigning priorities to the use of public health care resources;

(iii) ethical and legal bases for such a policy and such priorities;

(iv) demographic, economic, societal, cultural, and aging trends of the United

States population and the effects of such trends on the Nation's health needs and health care system;

(v) differences, if any, in the quality and availability of health care services for various economic and geographic segments of the population;

(vi) current procedures and mechanisms designed to ensure the quality and availability of health care services to all individuals;

(vii) capital and operating costs of health care services;

(viii) efficient and effective use of existing health care resources;

(ix) appropriate numbers of health care personnel in the various professions and in various geographic regions;

(x) mechanisms for integrating alternative health care services with traditional acute and long-term care facilities and services;

(xi) proper role of Federal and State governments and others in the financing, delivering, supervising, and planning of health services; and

(xii) appropriateness of any other matter which relates to the development or implementation of a national health care policy and which is consistent with the purpose of this Act.

(B) The Council shall determine the priority and order of the studies required under subparagraph (A). In undertaking the studies, the Council shall coordinate locally sponsored and funded grassroots miniconferences, to be held in such numbers and at such locations throughout the country as it shall deem advisable, in order to solicit advice, comments, suggestions, and recommendations from interested individuals, organizations, and the general public. The Council, either as a whole or divided into as many hearing committees as it may so choose, shall convene and conduct a series of hearings in at least the 10 Federal regions of the country for the purpose of receiving the public testimony and reports from the grassroots miniconferences. The Council shall determine how such meetings shall be organized and what criteria shall be established to determine participants in the grassroots miniconferences and hearings. At the conclusion of these public forums,

the Council shall publish the recommendations heard and shall give serious consideration to them in its final policy recommendations.

(C) In order to avoid duplication of effort, the Council shall, in lieu of or as part of any study or investigation conducted under subparagraph (A), use a study or investigation conducted by another entity if the Council sets forth its reasons for such use.

(2) REPORTS TO CONGRESS.—Upon the completion of each investigation or study undertaken or utilized by the Council under this subsection, the Council shall report its findings including any recommendations for legislation or administrative action to the Congress.

(3) ANNUAL REPORTS.—Annually on the anniversary of the date of the enactment of this Act, the Council shall report to the members of the joint congressional panel on access to health care appointed under subsection (a)(1)(B) the results of its efforts undertaken prior to such date. The third such report shall constitute the final report of the Council and shall include its final recommendations.

(4) PUBLICATION.—The Council shall publish and disseminate to the public information with respect to its activities.

(c) ADMINISTRATIVE PROVISIONS.—

(1) HEARINGS.—The Council may, for the purpose of carrying out this section, hold such hearings, sit and act at such times and places, take such testimony, and receive such evidence, as the Council may deem advisable.

(2) PERSONNEL.—

(A) The Council may appoint and fix the pay of such staff personnel as it deems desirable. Such personnel shall be appointed without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, and shall be paid in accordance with the provisions of chapter 51 and subchapter III of chapter 53 of such title relating to classification and General Schedule pay rates.

(B) The Council may procure temporary and intermittent services to the same extent as is authorized by section 3109(b) of title 5, United States Code, but at rates for individuals not to exceed the daily equivalent of the annual rate of

basic pay in effect for grade GS–18 of the General Schedule.

(C) Upon request of the Council, the head of any Federal agency (including the Office of Technology Assessment) is authorized to detail, on a reimbursable basis, any of the personnel of such agency to the Council to assist it in carrying out its duties under this section.

(3) CONTRACTS.—The Council, in performing its duties and functions under this section, may enter into contracts with appropriate public or private entities. The authority of the Council to enter into such contracts is effective for any fiscal year only to such extent or in such amounts as are provided in advance in appropriation Acts.

"(4) INFORMATION.—

(A) The Council may secure directly from any Federal agency information necessary to enable the Council to carry out this section. Upon request of the Chairman of the Council, the head of such agency shall furnish such information to the Council.

(B) The Council shall not disclose any information reported to or otherwise obtained by the Council which is exempt from disclosure under

section 552 of title 5, United States Code, by reason of paragraph (4) or (6) of subsection (b) of such section.

"(5) SUPPORT SERVICES.—The Administrator of General Services shall provide to the Council on a reimbursable basis such administrative support services as the Council may request.

"(6) DEFINITION.—For purposes of this subsection, the term 'Federal agency' means an authority of the Government of the United States but does not include the Congress, the courts of the United States, the government of the Commonwealth of Puerto Rico, the government of the District of Columbia, or the government of any territory or possession of the United States.

"(d) AUTHORIZATION OF APPROPRIATIONS.—To carry out the provisions of this section, there are authorized to be appropriated $1,000,000 for each of the fiscal years 1987, 1988, and 1989.

"(e) TERMINATION.—The Council shall be subject to the Federal Advisory Committee Act; except that, under section 14(a)(1)(B) thereof, the Council shall terminate on the date that is three years after the date of the enactment of this Act.

SEC. 4. APPOINTMENTS.

(a) PANEL.—The President pro tempore of the Senate and the Speaker of the House of Representatives shall initially appoint members to the joint congressional panel on access to health care not later than 30 days after the date of the enactment of this Act.

(b) COUNCIL.—The joint congressional panel on access to health care shall initially appoint members of the National Council on Access to Health Care not later than 60 days after the date of the enactment of this Act.

Amend the title so as to read: "To Establish a National Council on Access to Health Care.".

CMS Library
C2-07-13
7500 Security Blvd.
Baltimore, Maryland 21244

CMS LIBRARY
3 8095 00009410 8

Calendar No. 996

99TH CONGRESS
2D SESSION

S. 1620

[Report No. 99–489]

A BILL

To amend title XVIII of the Social Security Act to establish the National Council on Access to Health Care, and for other purposes.

SEPTEMBER 25 (legislative day, SEPTEMBER 15), 1986

Reported with an amendment and an amendment to the title